



Community Service Report Form

Youth's Name: Mahogany Garth

Name of Organization: Cable Baptist Church

☒ Private Non-Profit

☐ Government Agency

Community service credit cannot be given for work done for profit-making organizations without prior approval.

List the types of service performed and the number of hours for each.

Service Performed	Date(s)	Hours
Serve the Homeless	2-16-13	4
Vacuum Rooms, Did Some Laundry	2-16-13	3
Helped Rake Leaves Monica Smith - 210-7815	2-17-13	3
Total Hours:		10

I certify that the above-named youth completed the hours listed.

Supervisor's name: Linda Samuel Title: Team Leader
Phone: 632-1248

Signature: Linda Samuel Date: 2-16-13

Return completed original form to:

Restorative Justice Louisville Inc.
514 West Liberty Street, Suite 106
Louisville, KY 40202-2324
Fax: 502 574-5299